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Bib Data Sheet

CONFIRMATION NO. 4801

SERIAL NUMBER 09/744,799	FILING DATE 04/03/2001 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. I/98404 US
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** CONTINUING DATA *****

This application is a 371 of PCT/EP99/05476 07/26/1999

AJ

** FOREIGN APPLICATIONS *****

NETHERLANDS 98202594.2 07/31/1998

AJ

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 2	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Attenuated equine herpesvirus

FILING FEE RECEIVED 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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